

PTO/SB/121 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCECORRESPONDENCE  
ADDRESS  
INDICATION FORM

Address to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450RECEIVED  
CENTRAL FAX CENTER

MAY 05 2004

Direct all correspondence to:

 Customer Number:

23117

Place Customer  
Number Bar  
Label Here →

OR

Type Customer Number here

OFFICE

 Request for Customer Number (PTO/SB/125) submitted herewith.

In the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/484,455		18 January 2000

Typed or Printed Name	Robert W. Faris	(check one)
Signature	<i>Robert W. Faris</i>	<input type="checkbox"/> Applicant or Patentee
Date	July 18, 2003	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 <sup>th</sup> Floor Arlington, VA 22202	<input checked="" type="checkbox"/> Attorney or Agent of record.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Assistant Commissioner of

BEST AVAILABLE COPY